



**STATEMENT OF PROCEEDINGS FOR THE
REGULAR MEETING OF THE
LOS ANGELES COUNTY COMMISSION FOR
CHILDREN AND FAMILIES
KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 739
LOS ANGELES, CALIFORNIA 90012
<http://latchildrenscommission.org>**

Monday, August 4, 2014

10:00 AM

AUDIO LINK FOR THE ENTIRE MEETING. (14-3558)

Attachments: [AUDIO](#)

Present: Commissioner Candace Cooper, Commissioner Patricia Curry,
Commissioner Ann E. Franzen, Commissioner Sydney Kamlager,
Commissioner Dr. Sunny Kang, Commissioner Adelina Sorkin
LCSW/ACSW, Commissioner Martha Trevino-Powell, Vice Chair
Susan F. Friedman and Chair Genevra Berger

Excused: Commissioner Carol O. Biondi, Commissioner Helen Kleinberg,
Commissioner Adrienne Konigar-Macklin and Vice Chair Steven
M. Olivas Esq.

1. Call to Order. (14-3477)

The meeting was called to order at 10:08 a.m.

I. ADMINISTRATIVE MATTERS

2. Introductions of August 4, 2014 meeting attendees. (14-3464)

Self-introductions were made.

3. Approval of the August 4, 2014 Meeting Agenda. (14-3465)

**On motion of Commissioner Kang, seconded by Commissioner Sorkin
(Commissioners Biondi, Kamlager, Kleinberg, Konigar-Macklin, and Vice
Chair Olivas being absent), this item was approved.**

DRAFT

4. Approval of the minutes from the meeting of July 21, 2014. (14-3466)

On motion of Commissioner Sorkin, seconded by Commissioner Cooper (Commissioners Biondi, Kamlager, Kleinberg, Konigar-Macklin, and Vice Chair Olivas being absent), this item was approved

Attachments: [SUPPORTING DOCUMENT](#)

II. REPORTS

5. Chair's report for August 4, 2014 by Geneva Berger, Chair. (14-3467)

Chair Berger reported on the following:

- **Cornelia Funke Awards Reception is being held on August 7, 2014 at 11:30 a.m. Commissioners are invited to attend and inform staff by August 6, 2014 if interested.**
- **The Law Enforcement First Responder protocol for Commercially Sexually Exploited Children Kick Off event is on Wednesday, August 13, 2014 from 8:30 a.m. to 11:00 a.m. at the Department of Children and Families Headquarters. Commissioners are invited to attend and inform staff by August 11, 2014 if interested.**

By Common Consent, there being no objection (Commissioners Biondi, Kleinberg, Konigar-Macklin, and Vice Chair Olivas being absent), the Commission accepted the Chair's Report.

6. Department of Children and Family Services Director's report for August 4, 2014 by Philip Browning, Director. (14-3468)

Director Browning reported on the following:

- **Supervisors Mark Ridley-Thomas and Don Knabe have supported the Law Enforcement Agency and the District Attorney's Office in combating Commercial Sexual Exploitation of Children (CSEC). The legislature has set funds for training staff in CSEC. San Diego State University provides the CSEC training for the Department of Children and Families (DCFS), and the Department is in negotiations with the State if Los Angeles County's funding could be done separate from other counties.**
- **The exit conditions of the Katie A. is underway, which requires the County to provide mental health care assessments and a Quality Service Review (QSR) that involves a selected number of case evaluations by Katie A. panel members.**

- **DCFS's plan is to hire 450 Children's Social Workers (CSW). To date, 325 CSW's have been hired and all are MSW graduates.**
- **Mental Health Department agreed to provide additional resources to the Child Welcome Center (CWC) and Youth Welcome Center (YWC) seven days a week from 7:00 a.m. to 7:00 p.m.**
- **On current events pertaining to illegal immigrants, most are unaccompanied minors under the age of 10 who come from Guatemala, El Salvador, and Honduras. The border patrol has 72 hours to process and provide the information to the Office Refugee Resettlement (ORR). The total number of unaccompanied minors in California is 3,150 with approximately 800 in Los Angeles.**

In response to questions posed by the Commissioners, Director Browning responded with the following:

- **The unaccompanied minors residing in the Group Homes are the responsibility of Office of Refugee Resettlement (ORR). The Federal government has contracted with a number of Group Homes to assist in the care of the unaccompanied minors, and the Federal government is in the process of redirecting approximately \$4,000,000 for their care.**
- **The attrition rate is about 3% for CSW's. The Accountability Panel accesses the needs of each office separately.**

By Common Consent, there being no objection (Commissioners Biondi, Kleinberg, Konigar-Macklin, and Vice Chair Olivas being absent), the Commission accepted Director Browning's report.

III. PRESENTATIONS

- 7. Presentation on the CWC/YWC Overstays provided by Roberta Medina, Deputy Director, Bureau of Specialized Response Services, and Maricruz Trevino, Director, Children's Welcome Centers, Department of Children and Family Services. (14-3476)**

Roberta Medina reported on the following:

A gradual increase in call volume occurred in 2012 through 2013; starting with a 7% increase in 2012 followed by a 6% increase in 2013.

The rate of removal on the average is about 6.5 to 7.0%. The three primary factors for increases in call volume are:

1. Legislation on reporting requirements
 2. Community outreach and training on mandated reporting of child abuse or neglect
 3. Commercial Sexual Exploitation of Children (CSEC)
- The Children Wellness Center (CWC) opened operation in July 2012 and the Youth Wellness Center (YWC) opened operation in May 2014. Both locations are in LAC+USC medical center adjacent to each other. Children entering the locations go through medical screening and mental health assessment.

Maricruz Trevino, Director, Welcome Centers, reported on the following:

- Ms. Trevino is the director of both CWC and YWC and was previously in the Emergency Respond Command Center. Both wellness locations follow the same protocols and procedures. The goal is to have an average of 6 to 7 children stay overnight in the center, but the number has increased.
- Approximately 50% of children entering the CWC/YWC are Hispanic. The system captures all entries, which causes duplication of data.
- Overstay rate is about 10% this year, due to careful examination of the children and the needs of the children. Finding the right foster parent and keeping the siblings together requires additional time.

In response to questions posed by the Commissioners, Ms. Medina and Ms. Trevino responded with the following:

- The allowed time for children to stay in the Welcome Center is 23 hours and 59 minutes. The maximum overstay can range from 25 to 50 hours. The overstay rate for 2013 was 7.25%. The cap for the number of overstay children is approximately 20 children a night for the Welcome Center, but the actual number varies and is unpredictable. Children do not spend the night at the Emergency Respond Command Center. Usually the majority of overstays happens on the weekends.
- The Welcome Center is a non-licensed shelter, and is currently applying to the Community Care Licensing (CCL) for certification and once certified, it would be a day-care center. Training for the CSEC is ongoing.

- The medical screening is to evaluate if the child needs to be isolated due to a medical condition. The child will be kept in the VIP section, away from other children. This medical screening does not replace the medical exam. Mental Health assessments would evaluate if the child needs to talk to someone. Human Service Aids (HSA) can help foster parents with the child's doctor appointment.
- A Sheriff is stationed 24-hours at the YWC to prevent youth from leaving the Center without appropriate documentation. Youth leaving the Center without authorization are required to sign a form indicating they are leaving against medical advice.

By Common Consent, there being no objection (Commissioners Biondi, Kleinberg, Konigar-Macklin, and Vice Chair Olivas being absent), the Commission accepted Ms. Medina's and Ms. Trevino's report.

Attachments: [SUPPORTING DOCUMENT](#)

IV. COMMISSIONERS UPDATE

8. Update by Commissioner Candace Cooper on the Mediation Services in juvenile courts. (14-3492)

Commissioner Cooper provided a verbal report and informed the Commission that the program had a 70% success rate. The program consisted of 15 mediators at its height. The program does not exist now due to the cuts in funding for this program. To establish a similar program, it could be a small operation, including four (4) full-time mediators at a cost between \$650,000 to \$800,000.

The Commission requested Commissioner Cooper, and the Commissioners who have volunteered to assist (Susan Friedman and Sydney Kamlager), to contact Judges David Wesley, Presiding Judge of the Superior Court of California, County of Los Angeles, and gauge the interest of the court on reinstating the mediation services in juvenile courts. The Commissioners are unanimously in support of reinstating the mediation services in the juvenile courts.

By Common Consent, there being no objection (Commissioners Biondi, Kleinberg, Konigar-Macklin, and Vice Chair Olivas being absent), the Commission accepted Commissioner Cooper's report.

9. Update by Commissioners Kleinberg and Sorkin, and Sam Chan, District Chief, Birth to 5, Child PEI, family and Community Partnerships, Department of Mental Health, on the innovation funding under the Mental Health Services Act (MHSA). (14-3473)

Commissioner Sorkin represents the Commission on Systems Leadership Team's (SLT), and informed the Commission that the planning for the regular Mental Health Services Act (MHSA) funds has been completed. The funds for Innovative funding represents 5% Community Supportive Services (CSS); 5% Prevention Early Intervention (PEI); and \$19,000,000 is set aside for the three-year program. Commissioner Sorkin further informed that funds will be available for the next fiscal year. She further added that the first Innovative funds were used for Transition Age Youth (TAY), Adults and Older Adults.

Commissioner Sorkin introduced Sam Chan, District Chief, Birth to 5, Child PEI, Family and Community Partnerships, Department of Mental Health, who has been instrumental in improving services for Mental Health Children under the care of DCFS.

Mr. Chan reported that there is a new way of thinking, in response to the children's immediate needs and allocating resources. The broad spectrum of services includes: responding to children's immediate needs, and allocation of funds.

The methodology being used to serve communities is the "Health Neighborhoods" concept. This concept is in collaboration with the Departments of Public Health (DPH); Health Service (DHS); DMH; and the community. Two of the intentions of Health Neighborhoods are: 1) to share information among these systems that provide health care to particular communities in order to have one treatment plan for an individual or family being served by these systems; and 2) implement in a way that brings the community together to address the social determinants of health outcomes. The characteristics and strengths of the community can predict better or worse health outcomes. The idea behind Health Neighborhoods is to offer communities a list of options of initiatives to work on and have the community select the initiative that most significantly addresses their community's needs.

The selected Health Neighborhoods are:

- 1) Antelope Valley
- 2) Pacoima
- 3) Boyle Heights/East LA
- 4) South Los Angeles
- 5) Martin Luther King/Long Beach

The Blue Ribbon Commission on Child Protection's (BRC) suggested that the DMH implement practices specifically designed for children ages birth to five (5).

DMH has been sponsoring meetings of late on with the Infancy, Childhood, and Relationship Enrichment (ICARE) Steering Committee, a subgroup of ICARE Network. This subgroup has been developing a Los Angeles County Zero to Five Training and Leadership Consortium (TLC). One of the goals of the consortium is to establish an LA County Trans-disciplinary Leadership Consortium that promotes capacity building in support of comprehensive systems of care within Local Services Areas and Health Neighborhoods.

The Commission expressed concerns with the billing of Parent Child Interaction Therapy (PCIT) services to Early and Periodic Screening, Diagnosis, and Treatment (EPSDT). That funding necessitates a mental health diagnosis, which labels the child as having a mental illness and can carry a stigma. If Prevention and Early Intervention (PEI) funds are used, the label does not apply because it is specific to prevention and not a pre-existing condition.

By Common Consent, there being no objection (Commissioners Biondi, Kleinberg, Konigar-Macklin, and Vice Chair Olivas being absent), the Commission accepted Commissioner Sorkin's and Mr. Chan's report.

V. MISCELLANEOUS

Matters Not Posted

10. Matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting of the Commission, or matters requiring immediate action because of an emergency situation or where the need to take action arose subsequent to the posting of the agenda. (14-3469)

There were none.

11. Announcements for the meeting of August 4, 2014. (14-3470)

There were none.

Public Comment

12. Opportunity for members of the public to address the Commission on items of interest that are within the jurisdiction of the Commission. (14-3471)

No members of the public addressed the Commission

Adjournment

13. Adjournment of the meeting of August 4, 2014. (14-3472)

The meeting adjourned at 12:20 p.m.